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Washington, DC 20009  
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[www.jubileejumpstart.org](http://www.jubileejumpstart.org)

Dear Parent or Guardian:

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child's center/early care and learning center/ECE center! Please fill out the *Enrollment Form/Income Eligibility Statement*. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your childcare center.

### Instructions

Here are instructions to help you complete the *Enrollment Form/Income Eligibility Statement*. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill out all of the requested information. When complete, please return the form to Jubilee JumpStart.

**Part 1:** If more than one child in your household is enrolled at this center, you only need to complete **one (1)** form. Please provide all of the information requested in Part 1, including the full name (as it appears on other records) of each child in your household who is enrolled at this center and each enrolled child's date of birth. If the child is in school and attends before and/or after care at this center for most of the year, circle "YES" in the box for "Before & After Care." Circle the day(s) when each child usually attends the center and write each child's usual arrival and departure time. Then, circle which meal(s) each child usually receives from the center. In addition, even if you do not complete Part 2, 3, 4 or 5, you must still print and sign your name in Part 6 and provide your home address and telephone number.

**Part 2:** If someone in your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP - formerly called Food Stamps) or from Temporary Assistance to Needy Families (TANF), complete Part 2. Write the recipient's name, circle the type of benefit received, and **provide the case number**. You may circle both SNAP and TANF if the person receives both benefits. Additionally, you must complete Part 6 on the front of the form. You do **not** need to provide the last four digits of your social security number.

**Part 3:** If your child(ren) enrolled at this center participate(s) in the Head Start/Early Head Start program, complete Part 3. Write the name of each participating child in this section. In addition, you must complete Part 6 on the front of the form. You do **not** need to provide the last four digits of your social security number.

**Part 4:** If you are completing this form for a foster child who is the legal responsibility of a welfare agency or court, write the name(s) of the foster child(ren) in Part 4, then complete Part 6 on the front of the form. You do **not** need to provide the last four digits of your social security number if applying for foster child(ren) only. Do **not** complete this section if you care for a child under an informal caregiver arrangement or permanent guardianship agreement made outside of a child welfare agency or court. You may include foster children on the same form with non-foster children living in your household. Please read the form for additional instructions.

**Part 5:** Report current income for all household members. Skip this step if you completed Part 2 or Part 3. If the information above is not reported, the Enrollment Form/Income Eligibility Statement must contain the following information in Part 5: the names of **all** household members (including children enrolled at this center), the total gross income (before taxes) currently received by each household member, the frequency the amount is received, and the signature of an adult household member, and the date the form was completed. Do not include SNAP, TANF, WIC, student financial aid, or money you receive for a foster child as income. In addition, **the primary wage earner or household member who signs the form must provide the last four (4) digits of his/her social security number**. If there is no Social Security number, mark the *Check if no SSN* box.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses). Part 5 of this form must include everyone in your household.

You must report the total gross income (before taxes or deductions), listed by source, that each member of your household received during the **last month**. If you usually receive overtime pay, include it. If your hours or wages were recently reduced, report your current income. For each income amount reported, specify how often that income was received – weekly, every two weeks

(biweekly), twice a month (semimonthly), or once a month (monthly). If last month's income does not accurately reflect your circumstances, you may provide your usual income (with frequency) or a projection of your current annual income (specify "annual" for the frequency). You may use last year's income as a basis for making the projection if no significant changes have occurred. If so, please specify "annual" for the frequency.

If a member of your household serves in the military, you do **not** need to report money received as part of the Military Housing Privatization Initiative, Family Subsistence Supplemental Allowance, Combat Pay, or Deployment Extension Incentive Pay (DEIP). If a household member is currently deployed, report only the portion of the deployed service member's income made available to them or the household. You must include all other income and allowances when reporting gross income.

If your household's total gross income is equal to or less than the amount indicated for your household's size on the chart below, the center receives a higher level of federal reimbursement. Once this form is completed, the eligibility determination will be valid for 12 months. However, you should notify us if you or any other household member becomes unemployed and experiences loss of income. This period of unemployment may result in your household's income qualifying for a different eligibility category.

**Part 6:** An adult household member must sign this form. The signer promises that all information is true and complete. Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

All meals served to children under the Child and Adult Care Food Program are provided free of charge regardless of race, color, national origin, sex, age, and disability. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, income derived all or in part from any public assistance programs, or protected genetic information in employment or any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete a USDA Program Discrimination Complaint Form, found online at [http://ascr.usda.gov/complaint\\_filing\\_cust.html](http://ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax at (202) 690-7442, or by email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 977-8330 or (800) 845-6136 (Spanish). If you require the information in an alternative format (Braille, large print, audiotape, etc.), contact the USDA's TARGET Center at (202) 720-2600 (Voice or TDD). USDA is an equal opportunity provider and employer.

In conjunction, the District of Columbia Human Rights Act, approved December 13, 1977 (DC Law 2-38; DC Official Code §2-1402.11(2006), as amended) prohibits discrimination on the basis of marital status, personal appearance, sexual orientation, gender identity or expression, family responsibilities, familial status, source of income, place of residence or business, genetic information, matriculation, or political affiliation of any individual. Additional protected traits can be found at <https://ohr.dc.gov/protectedtraits>. To file a complaint alleging discrimination on one of these bases, please contact the District of Columbia's Office of Human Rights at (202) 727-4559 or <https://ohr.dc.gov/service/file-complaint>. If you require information about this program, activity, or facility in a language other than English, contact the District of Columbia Office of Human Right's Language Access Program at (202) 727-4559.

Thank you for your cooperation. If you any questions please see Barbara or Brenda for assistance.

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Signature of Authorized Institution Representative

| FEDERAL INCOME ELIGIBILITY GUIDELINES        |   |         |                 |                              |         |
|--|---|---------|-----------------|------------------------------|---------|
| Effective from July 1, 2019 to June 30, 2020 |   |         |                 |                              |         |
| Persons in Family<br>(Household Size)        | Income Frequency (How Often You Are Paid) |         |                 |                              |         |
|  | Annually                                  | Monthly | Twice per Month | Bi-Weekly<br>(every 2 weeks) | Weekly  |
| 1  | \$23,107                                  | \$1,926 | \$963           | \$889                        | \$445   |
| 2  | \$31,284                                  | \$2,607 | \$1,304         | \$1,204                      | \$602   |
| 3  | \$39,461                                  | \$3,289 | \$1,645         | \$1,518                      | \$759   |
| 4  | \$47,638                                  | \$3,970 | \$1,985         | \$1,833                      | \$917   |
| 5  | \$55,815                                  | \$4,652 | \$2,326         | \$2,147                      | \$1,074 |